



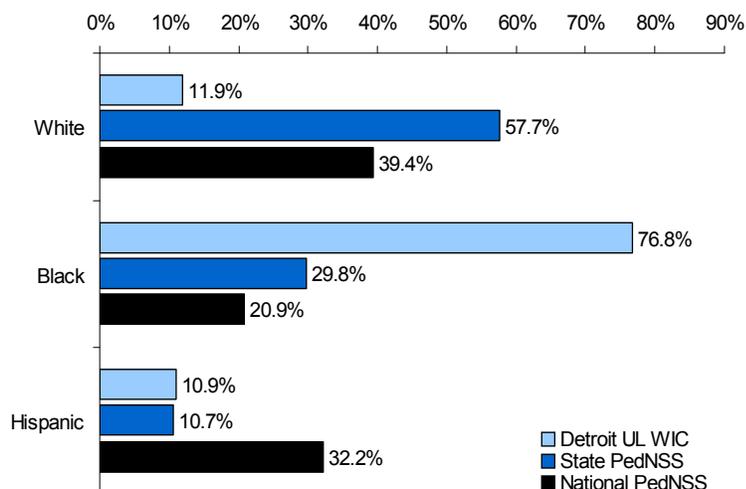
## 2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

Since its inception in 1916, the Detroit Urban League's mission is to build up, in persons of color, the capacity to live to their fullest human potential. To that end the Detroit Urban League partners with Michigan WIC to improve the health and nutrition of women and young children in the community. In 2000 Detroit had, according to the U.S. Census, 8.0% of its residents being under the age of five years old. Among those children, 36.9% lived below poverty. In 2003, Detroit UL WIC served 6,853 of participants under the age of five years old participating in Michigan WIC. PedNSS data for the Detroit Urban League revealed:

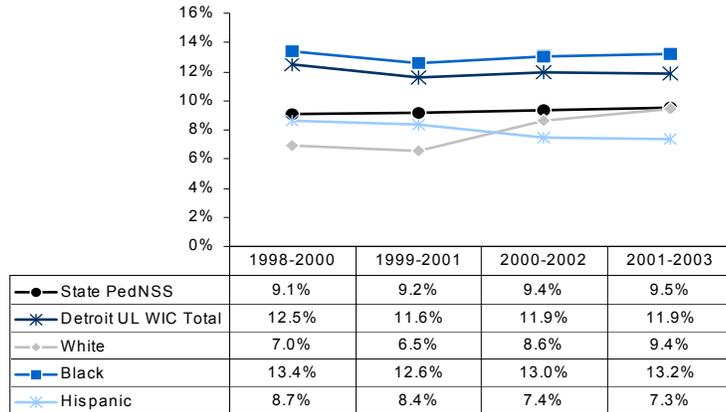
- The average incidence of low birthweight in 2001-2003 in infants in Detroit UL WIC was nearly equivalent to the state incidence: 13.2% and 13.3%, respectively;
- Between 2001-2003, 8.4% of Hispanic and 7.8% of White infants had a birthweight greater than 4000g or 13 lbs 8oz;
- Overall short stature was observed more often among infants and children under the age of two years than in children 2-5 years old (10.1% and 4.5%, respectively);
- 8.4% of infants and children under the age of 2 years old were underweight;
- Overweight and risk of overweight was least prevalent among Black children two to five years old between 2001 and 2003;
- One in five participants in the Detroit Urban League infants and children under the age of five years old had iron deficiency anemia;
- Approximately one in three infants were ever breastfed.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2003 PedNSS



Over 85% of WIC infants and children at the Detroit Urban League WIC were racial/ethnic minorities.

Figure 2. Trend in **low birthweight\*** by race/ethnicity among infants in the Detroit Urban League WIC Agency, 1998-2003 MI PedNSS



The agency's low birthweight incidence increased among White infants, meanwhile it decreased among Black infants.

\*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

The percentage of infants ever breastfed increased by approximately four percentage points between 1998-2000 to 2001-2003.

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the Detroit Urban League WIC Agency, 1998-2003 PedNSS

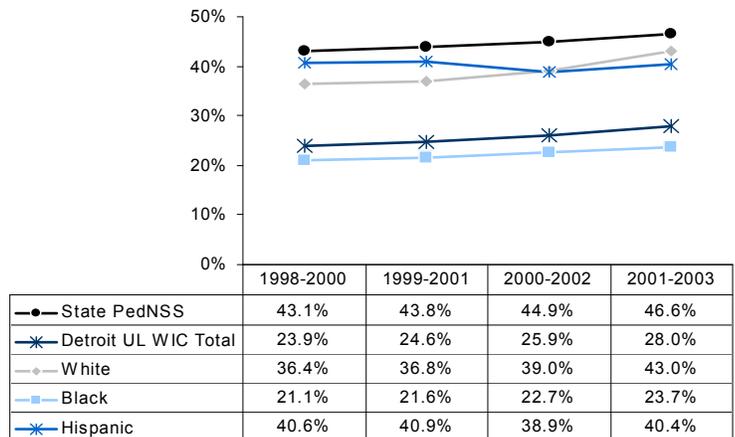
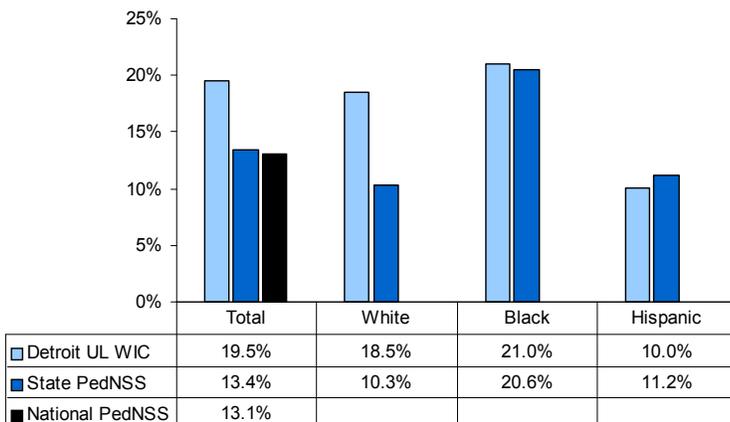


Figure 4. Average prevalence of **iron deficiency anemia\*** by race/ethnicity among infants and children under five years old, 2001-2003 PedNSS

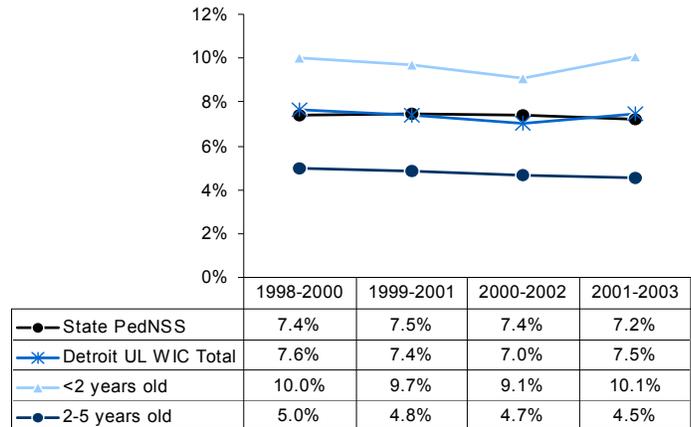


Compared to their state counterparts, White infants and children of the Detroit UL WIC had a considerably high prevalence of iron deficiency anemia.

\*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

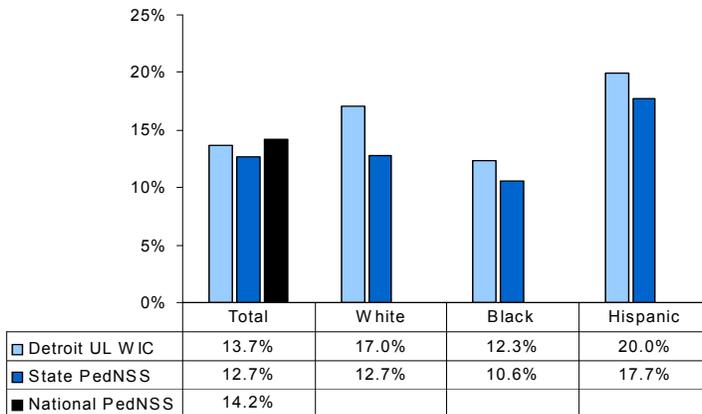
The prevalence of short stature increased for Black and White infants and children, but decreased for Hispanic participants of the Urban League.

Figure 5. Trend in **short stature\*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



\*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

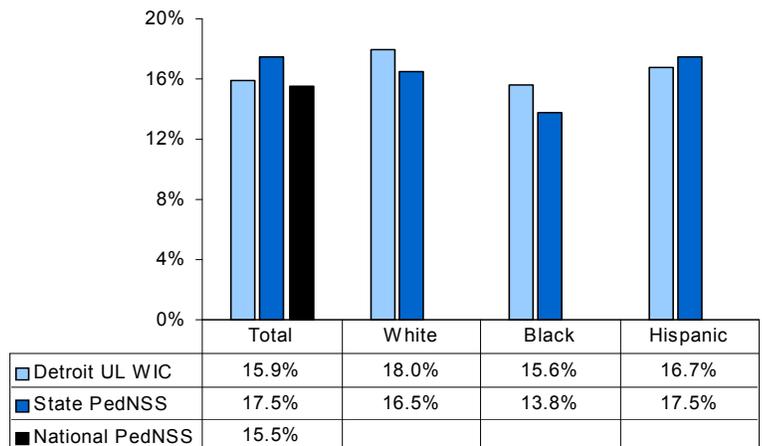
Figure 6. Average prevalence of **overweight\*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



Overweight was lower among Black children of the Detroit UL WIC and MI WIC compared to other racial/ethnic groups.

\*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

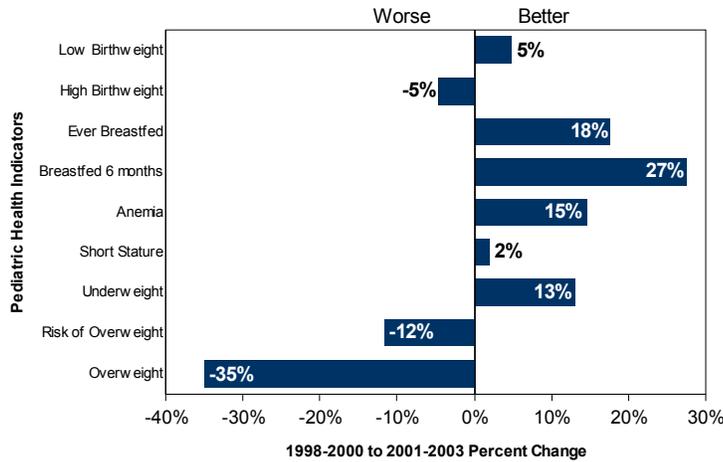
Figure 7. Average prevalence of **risk of overweight\*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



\*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Hispanic infants and children of the Detroit UL WIC have a slightly lower prevalence of risk of overweight compared to their state peers.

Figure 8. Pediatric **health progress review** for Detroit Urban League WIC infants and children under five years old , 1998-2000 and 2001-2003 MI PedNSS



Detroit Urban League WIC made positive progress in six out of nine health and nutritional indicators.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.